REPORT OF THE TECHNICAL AND ORGANIZATIONAL CAPACITY ASSESSMENT OF THE CAMEROON BAPTIST HEALTH CONVENTION BOARD

17th – 20th July 2006

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ABBREVIATIONS

AWARE	Action for West African Region
BBH	Banso Baptist Hospital
CBCHB	Cameroon Baptist Convention Health Board
FBO	Faith Based Organization
FHI	Family Health International
HR	Human Resource
IT	Information Technology
M&E	Monitoring and Evaluation
PMTCT	Prevention of Mother to Child Transmission
TOCAT	Technical and Organizational Capacity Assessment Tool

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INTRODUCTION

The Cameroon Baptist Convention Health Board (CBCHB) is a non-profit Faith-Based Organization (FBO) with a mission to assist in the provision of health care to all who need it as an expression of Christian love. It runs three (3) hospitals, twenty one (21) Integrated Health Centers and forty two (42) Primary Health Centers. Banso Baptist Hospital (BBH) and Mbingo Baptist Hospital (MBH) are two of its main hospitals and they serve as referral hospitals in the North West Province of Cameroon. Baptist Integrated Health Center Mutengene in the South West Province evolved into a hospital since July 2004 and has been named Baptist Hospital Mutengene. These institutions are found in 6 of Cameroon's 10 provinces.

In response to the HIV/AIDS epidemic in Cameroon, Baptist Convention Health Board implemented a 5-pronged approach to the epidemic: namely; Community AIDS Educations and Prevention Program, PMTCT Program, Antiretroviral Treatment Program, The TB Control Program and Chosen Children Program.

In 2004 CBCHB was identified to have the model PMTCT program in the West and Central African (AWARE) Region and was supported to serve as a Regional Learning Institution for PMTCT for Anglophone and Francophone West Africa. This was undertaken to contribute to AWARE-HIV/AIDS' intermediate results IR 5.1 "Improved Approaches to STI/HIV/AIDS services disseminated region wide and IR 5.3 Increased capacity of regional institutions and networks"

In July 2004, at the onset of the collaboration a self-assessment using, The Technical and Organizational Capacity Assessment Tool (TOCAT) was undertaken. This second TOCA is being undertaken to determine whether CBCHB's capacity has been improved within the time period of the collaboration.

OBJECTIVES

1) Carry out a successful participatory assessment of the capacity of CBCHB; specifically in the areas of technical management, organization management, capacity development approaches and marketing and communication using the TOCAT developed by FHI.

2) To determine whether there has been improvement in the technical and organizational capacity of CBCHB

3) Prepare an Action Plan and next steps on areas that are identified as high priority in the technical and organizational capacity of the CBCHB

METHODOLOGY

The TOCA was undertaken at Cameroon Baptist Health Board, Bamenda in a three-day workshop. Upon discussion with Director of the CBCHB, participants for the workshop were selected for the four assessment areas, namely Organizational Management, Technical Management, Capacity Development approaches and Marketing and Communication. (Please find list of participants attached in Annexe 1)

The participants were taken through presentations on AWARE-HIV/AIDS and its collaboration with CBCHB and on the Technical and Organizational Capacity Assessment process and tool. Using the tool, members of the four groups then individually assessed and scored their specific areas.

Following this, participants discussed the findings and achieve a consensus on the scores, strengths, challenges and recommendations during group work sessions. The groups reviewed the 2004 TOCAT and compared it with the present consensus. Reasons were provided for differences in the two results. Recommendations and Priority areas were identified. Group presentations were then made at plenary sessions to validate the findings and the priority areas for improvement. In some instances the scoring was changed due to new information provided by other members of the larger group or upon discussion with the larger group.

Using this information, the individual groups developed action plans for improvement of the institution which was validated at a plenary session. The action plan was further discussed with the Director towards the preparation of a sub-agreement between AWARE HIV/AIDS and the CBC Health Board.

LIMITATIONS

The self assessment is a qualitative process and thus the values only provided an indication of improvement.

The previous assessment was scored by a smaller (5) and different group of people who assessed all the four areas and this influenced the scoring. In addition the percentage scores were calculated from the average of the rankings 1-4 resulting in a wide margin of error (i.e. plus or minus 10% or plus or minus 15%)

RESULTS

In 2004, the CBCHB assessment team unanimously admitted that CBCHB had strengths in Technical Management and Organizational Management but was rather weak in Capacity Development approaches. However, after two years, a tremendous improvement has been recorded in all aspects especially in the two weaker areas. This improvement the assessment team indicated was due to the support provided by the AWARE-HIV/AIDS specifically to support of these two areas. The graph below indicates the results of the TOCAT in 2004 compared to the results in 2006.

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OVERALL TOCAT ASSESSMENT SCORES
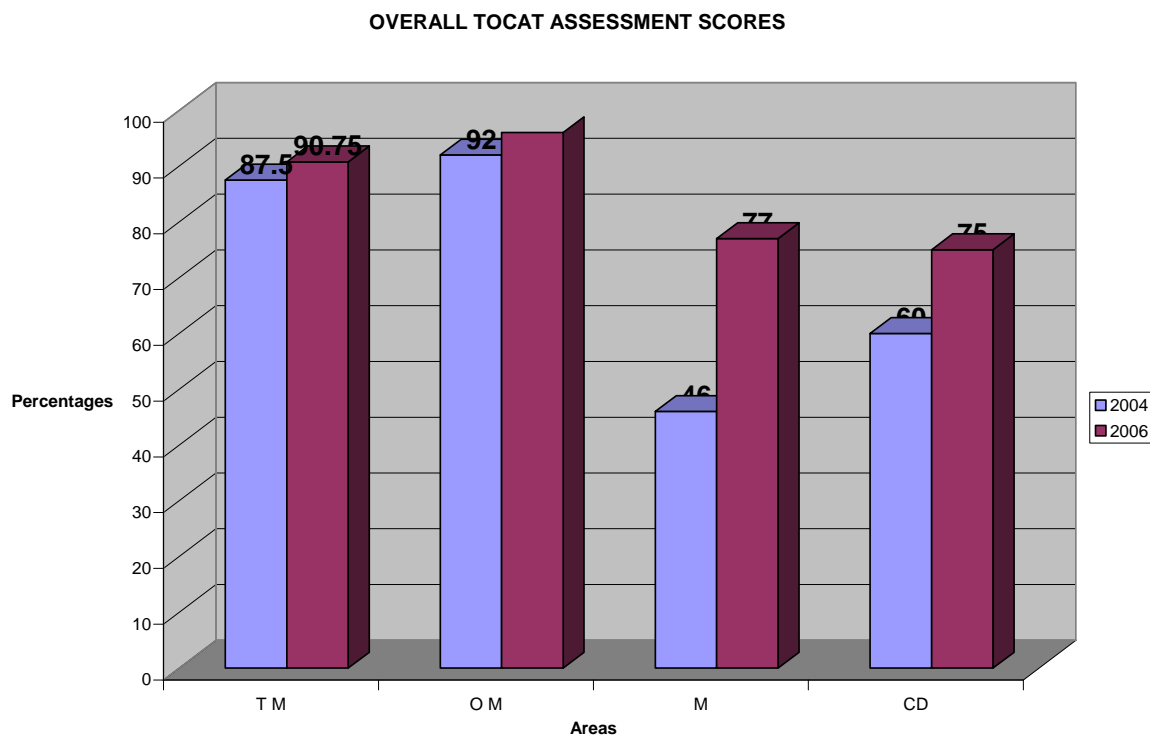
The next section describes the results in each area.

TECHNICAL MANAGEMENT AREA

The 10 technical management areas were reviewed:
Number, mix and capacity of technical staff (NMC); Technical Quality Standards (TQS) Technical Supervision (TS), Internal Training and Mentoring (ITM); Client Communication and Feedback, Community Involvement (CI); Service delivery Organization (SDO), Quality Assurance (QA), Technical Program Planning and M and E (PPM), Technical Networking (TN)

The assessment ranked CBCHB as a model system with component scores ranging between 84.5% and 95% and an average score of 90.75.%. This can be compared with the average score of 87.5% in 2004.

In most areas CBCHB had maintained the same level or improved slightly. An improvement could be found in all areas apart from Technical quality standards and Technical supervision, which were scored slightly below the 2004 results. The assessment team thought that this was not an actual drop but was due to differences in scoring. They agreed that these two components had improved in 2006. The graphs below (and the table in Annex 2) summarize the findings.

Technical Management Area
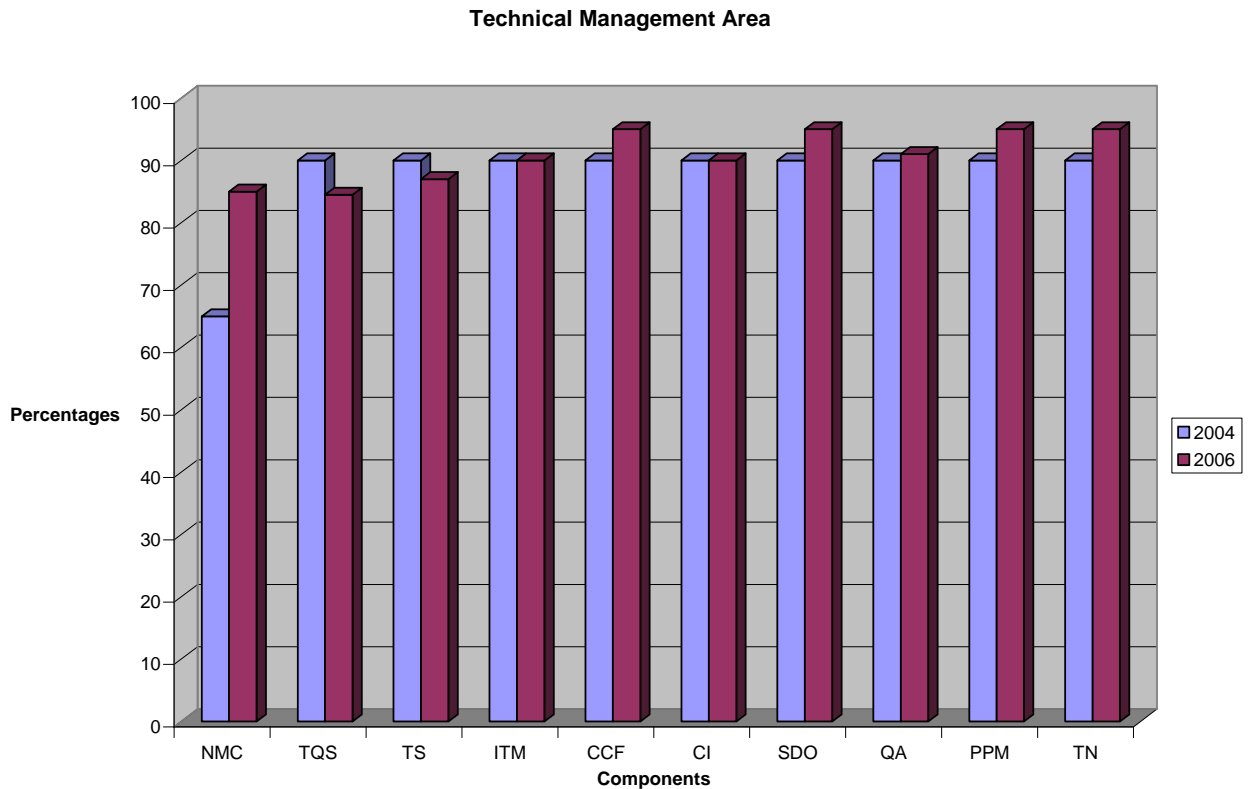
The recommendations made for this area are as indicated in the table below:

#	Component	Recommendation	Priority level (1, 2, 3)	For high priority only – What specific actions to undertake to implement recommendation
1	Number, Mix and Capacity of Technical Staff	- Improve on Internet services -Upgrade staff skills on Internet maintenance	1 2	Acquire high capacity internet modem
4	Internal Training and Mentoring	- Staff in supervisory positions need to be trained in mentoring and supervision	1	Organize trainings for supervisors in mentoring
5	Client Communications and Feedback	Improve communication with clients	2	- Involve clients in planning - Conduct exit interviews on a routine basis

#	Component	Recommendation	Priority level (1, 2, 3)	For high priority only – What specific actions to undertake to implement recommendation
				- Create suggestion boxes in our institutions
6	Community Involvement	- Involve communities in planning	1	Organize training on Participatory Impact Monitoring
9	Technical Program planning and M&E	- Provide logistics to facilitate M&E activities and data collection	1 2	-Acquire a strong 4x4 wheel vehicle -Train staff in M&E

ORGANIZATIONAL MANAGEMENT AREA

In this area 18 components were assessed. These were:

For General Management; Governance (G), Strategic Planning (SP), Strategic Monitoring (SM), Operational Planning (OP), Roles and Responsibilities (RR), Delegation of Authority and Decision- Making (DAD), Staffing and Human Resource Management (SHRM), Regional Presence, Partnering and Networking (PN), Adequacy of Physical Infrastructure (API).

For Finance the following areas were assessed: Financial Planning and Budgeting (FPB), Cash and Banking (CB), Accounting and Record Keeping (ARK),

For Logistics management the following areas were assessed: Procurement (P), Distribution, stock and Inventory Management (DSI), Quality Control for Critical Drugs and Equipment (QCC).

For information Management the following areas were assessed; Data Collection System (DCS), Data Use and Culture in formation (DU), Stakeholder Communication and Reporting (SCR). The results are depicted in the graph below and in annex 2 below.

Organizational Managment Scoring

Organizational Management Score
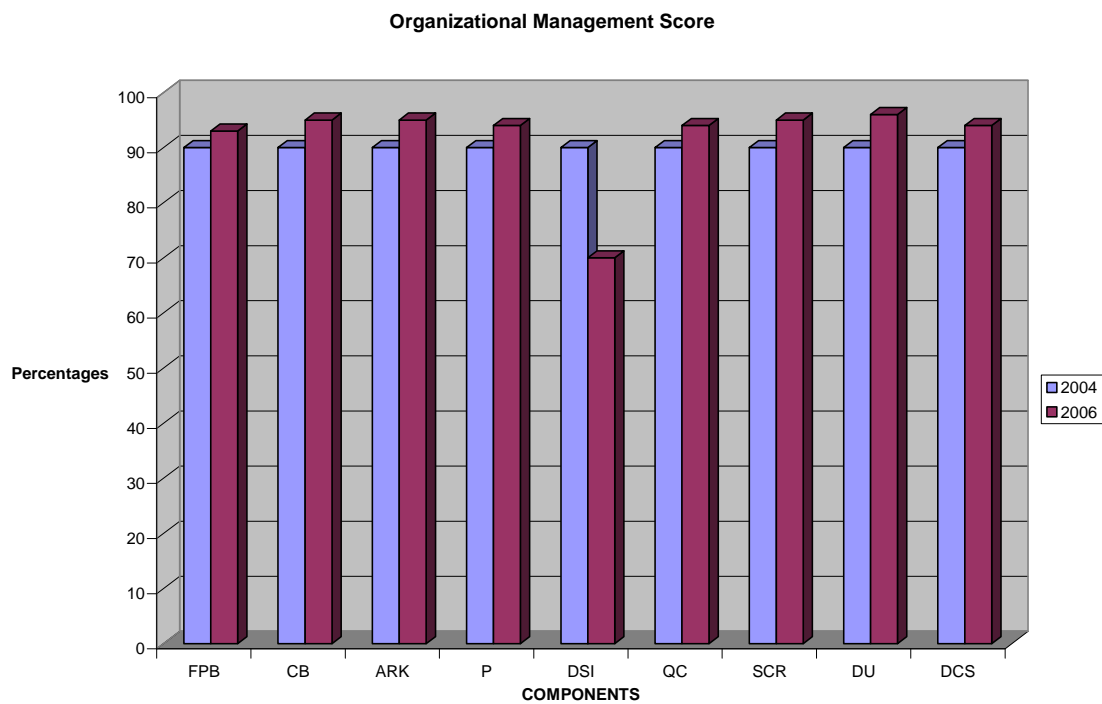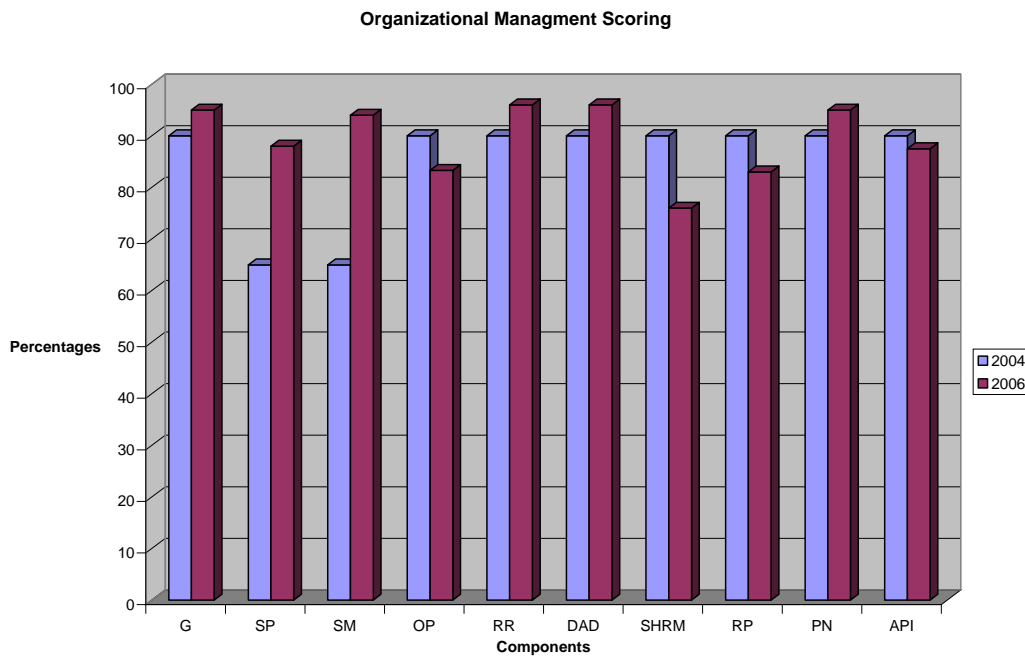
As in 2004 Organizational Management was ranked a model system. In 2006, component scores ranged between 70% and 96% an average score of 96% was obtained this compared favorably with an average score of 92% in 2004. Most of the areas showed improvement compared to the assessment in 2004. However Operational Planning, Staffing Human Resource Management, Regional Presence, Adequacy of Physical Infrastructure and Distribution, Stock and Inventory Management, showed a slight drop. The assessment team agreed that in most cases the observed drop was due to overrating

of some components in 2004. In particular staffing Human Resource Management component was rated lower in 2006 because no Human resource unit was set up and the team felt that this should be put in place before rating it high. Also Adequacy of Physical Infrastructure was rated lower in 2006 because of deteriorating infrastructure and equipment.

The table below indicates the prioritization and recommendations made by the assessment team.
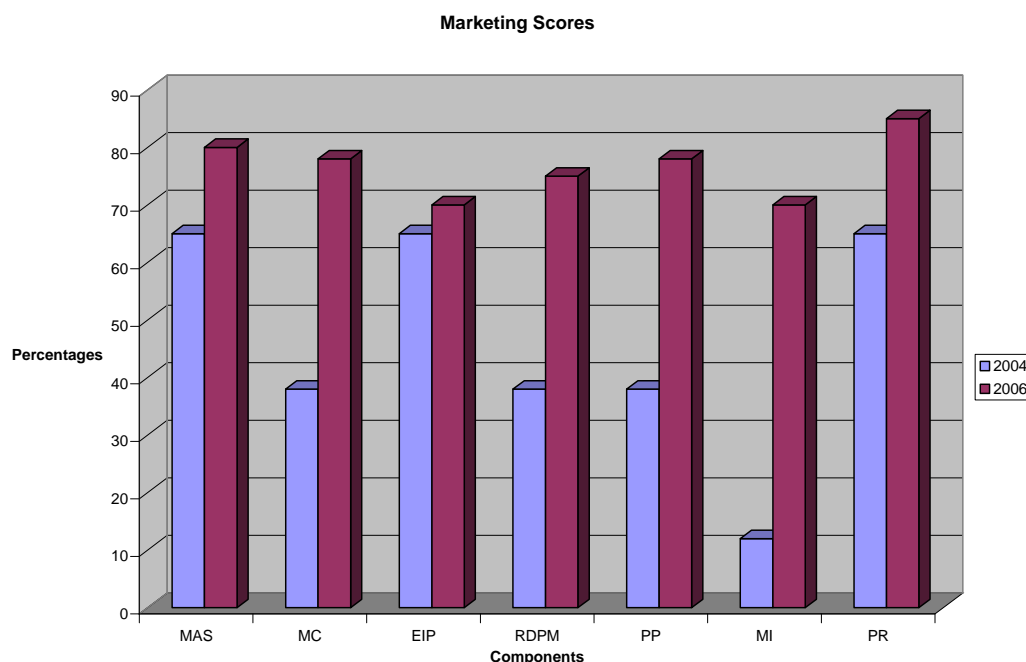
Recommendations and Prioritization

#	Component	Recommendation	Priority level (1, 2, 3)	For high priority only – What specific actions to undertake to implement recommendation
11	Governance	Capacity building for all management staff	1	Train new leaders on governance
12	Strategic Planning	None	3	
13	Strategic Monitoring	None	3	
14	Operation Planning	Effective implementation of the operational plans	2	
15	Structure: Roles and Responsibilities	Build capacity of new leaders appointed to new responsibilities	1	Train new leaders
16	Structure: Delegation of Authority and Decision-Making	None	3	
17	Staffing and Human Resources Management	Improve the coordination of human resource management activities	1	Create a HRD unit
18	Regional Presence/Geographical Coverage	None	3	
19	Partnering and Networking	None	3	None
20	Adequacy of Physical Infrastructure	Upgrade the regional training center to completion state	1	Finance upgrading of chalets at RTC
21	Financial Planning and Budgeting	Capacity building	3	
22	Cash and Banking	None	3	
23	Accounting and Record Keeping	None	3	
24	Procurement	None	3	
25	Distribution, Stock and Inventory Management	Improve funding for drug purchases	1	Create a revolving fund
26	Quality Control for Critical Drugs, Equipment and Supplies	Establish a system for quality control	1	Conduct quarterly monitoring of drugs for quality control
27	Data Collection System	None	3	
28	Use of Data and Cultural of Information	None	3	
29	Stakeholder Communications and Reporting	None	3	

MARKETING

The components assessed for Marketing were: Marketing Awareness and Strategy (MSA), marketing channels (MC), external image and promotion (EIP), Resource development (RD), Pricing Policy (PP), Marketing Implementation (MI) and Core Skills in Presentation and Representation.

The marketing domain was the area with the most improvement. The components scores ranged from 65% to 80%. The average score was 77% which compared favorably with a score of 46% in 2005. Each component had a marked increased from the score in 2004. Some areas were identified for further improvement.

Marketing Scores

The Priorities and recommendations of the assessment team were as follows

#	Component	Recommendation	Priority level (1, 2, 3)	For high priority only – What specific actions to undertake to implement recommendation
31-	Market Awareness and strategy	Improve on market survey	3	-Implement marketing plan -Implement good M&E / follow-up strategies
32	Market Modes & Channels	-Improve on service promotion both nationally and internationally	3	-Organize training in marketing for staff -Produce a documentary for dissemination
33	External Image and Promotion	Promote the marketing of CBCHBs services nationally and internationally	3	-Build capacity in more personnel -Develop good marketing tools -Actively market services nationally and internationally
34	Resource Development & Proposal Management	Diversify funding sources	2	-Orient more staff on fund raising -Encourage search for funds by all especially those who have access to internet
35	Pricing Policy	-Improve on costing of services offered	2	-Document cost of all processes and services offered
36	Marketing Implementation	Ensure the implementation of CBCHB marketing plan	3	-Vigorously implement the activities on the marketing plan - Orient more staff on marketing - Implement a good M&E / follow-up system

37	Core skills in Presentation & Representation	Improve staff skills in presentation techniques to meet ever increasing demand	2	-Train more staff in presentation techniques -Orient more staff on the use of the internet which is now available in main stations

CAPACITY DEVELOPMENT APPROACH

The Capacity Development Approach area was assessed for the following components: Consulting Services Quality (CSQ), External Training Quality (ETQ), Training and Technical Assistance (TTA), Coaching and Mentoring (CM), Material and Tools (MT), Technology for Capacity Development (TCD) and Comprehensiveness of approach (CA).

The assessment team rated the CBCHB as model approach at 75% this was an improvement from 60% in 2004. The component scores were between 60% and 86%. All components except for External Training Quality and Coaching and Mentoring had higher scores than in 2004.

Capacity Development Scores

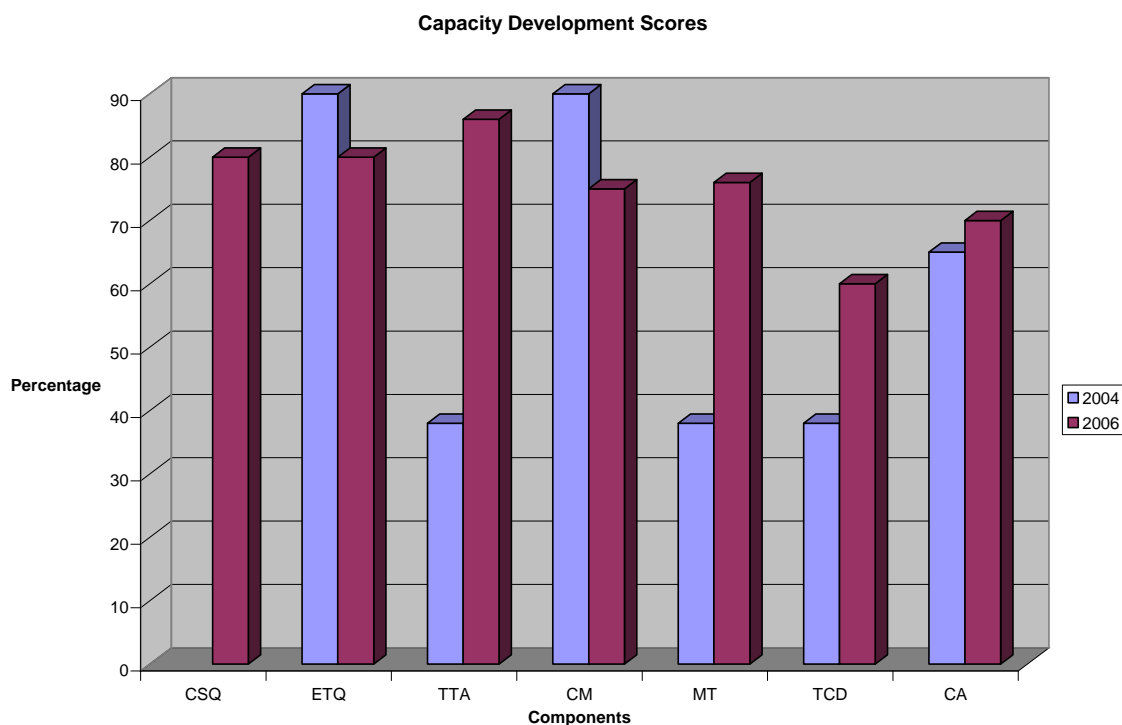The priorities and recommendations of the assessment team were as follows:

#	Component	Recommendation	Priority level (1, 2, 3)	For high priority only – What specific actions to undertake to implement recommendation
38	Consulting Services Quality	Ensure the availability of monitoring tools to evaluate our consulting services	2	Develop monitoring tools to evaluate our consulting services
39	External Training Quality	Conduct yearly scan to identify training needs	2	Conduct yearly scan to identify training needs
40	Training and Technical Assistance Planning	Disseminate updated menu aggressively by moving into the community	2	Disseminate updated menu aggressively by moving into the community
41	Coaching and Mentoring	Improve skills in coaching and mentoring	2	-Train staff in coaching and mentoring -Develop monitoring tools to evaluate coaching and mentoring provided by staff and others
42	Materials and Tools	Increase access to materials and tools for quality service delivery	1	Identify and train a person in charge of documentation
43	Technology for Capacity Development	Improve capacity to transfer skills using modern technology	1	-Expand internet access -Train more staff in skill transfer using internet and other modern technology
44	Comprehensiveness of Approach	Ensure the implementation of Skill Transfer Plan	1	-Disseminate skill transfer plan - Implement skill transfer plan -Monitor implementation of skill transfer plan

ACTION PLAN

TECHNICAL MANAGEMENT

COMPONENT	GAPS	ACTION	HOW	WHO IS RESPONSIBLE?	TIME FRAME/ when completed	Indication of achievement - Process Outcome or Impact	Resources needed
Number, Mix and Capacity of Technical Staff (85%)	Inadequate internet service for obtaining and sharing information	Acquire high capacity internet Band width	Seek for funding from AWARE HIV/AIDS Source competent internet service providers Purchase and install high capacity modem.	CBCHB grant writers CBCHB IT department CBCHB purchase committee	August, 2006 September 2006 November 2006	One high capacity modem purchased High Capacity modem installed Improved internet services, capacity, speed and networking	Finances Human Resources
Internal Training and Mentoring (90%)	Inadequate mentoring and supervision skills	Organize trainings for supervisors in mentoring	Prepare budget estimates Request funding from AWARE and other partners Identify Consultant/facilitators Conduct one- three day TOT for 20 supervisors in mentoring.	Program staff CBC HB supervisors AWARE Consultants	September 2006 September 2006 October 2006 November 2006	One training for supervisors on mentoring conducted 20 Supervisors' skills on mentoring improved Quality of services improved	Finances Training materials & logistics Consultants/facili tators

COMPONENT	GAPS	ACTION	HOW	WHO IS RESPONSIBLE?	TIME FRAME/ when completed	Indication of achievement - Process Outcome or Impact	Resources needed
	Inadequate number of M and E personnel	Organize trainings for M&E staff	Prepare budget estimates Request funding from AWARE and other partners Identify Consultant/facilitators Select and train 15 M and E staff in a three day M&E training	Program staff CBCHB supervisors AWARE Consultants	September 2006 September 2006 October 2006	One training conducted for 15 M and E staff Quality of M and E improved	Finances Training materials & logistics Consultants/facilitators
Community Involvement (90%)	Low involvement of communities in planning and programming of activities	Organize training on Participatory Impact Monitoring	Prepare budget estimates Request funding from AWARE and other partners Identify facilitators Select participants Conduct one TOT training in PIM for 20 persons Conduct training for 4 communities (20 persons for 2 days)	Program staff Program Director	September 2006 September 2006 October 2006 2 trainings in	One training for TOT on PIM conducted 20 Trainers trained 80 persons in Four communities trained on PIM Four communities involved in planning Increase in community feedback More communities involved in planning of CBCHB	Finances Training materials & logistics Consultants/facilitators

COMPONENT	GAPS	ACTION	HOW	WHO IS RESPONSIBLE?	TIME FRAME/ when completed	Indication of achievement - Process Outcome or Impact	Resources needed
					December 2006 3 Trainings in January 2007	services	
Technical Program planning and M&E **(95%)**	Difficulty of collecting data due to poor roads	Acquire a strong 4x4 wheel vehicle to support data collection, monitoring, outreach and supervision. Acquire two strong motor-bikes to facilitate movement to enclave areas where a vehicle can not reach for data collection, monitoring, outreach and supervision	Prepare budget estimates Request funding from AWARE and other partners Purchase a 4x4 wheel vehicle Purchase 2 motor-bikes	Program staff Program Director Purchase committee	August 2006 August 2006 January 2007	A 4x4 wheel vehicle purchased 2 motor bikes purchased Timely data collection and reporting	Finances

ORGANIZATIONAL MANAGEMENT

COMPONENT	GAPS	ACTION	HOW	WHO IS RESPONSIBLE?	TIME FRAME/ when completed	Indication of achievement - Process Outcome or Impact	Resources needed
Governance (95%)	Inadequate training in good governance	To organize training on Governance for all management staff	Organize a one two-day training program for 30 management staff in governance	The Director of Health Services	November 2006 for two days	30 senior management staff trained	Financial
Structure: Roles and Responsibilities (96%)	Need Orientation for those assigned to fill new positions of responsibility.	To provide orientation for new leaders appointed to new position of responsibilities	Orient each new leader in his/her role and responsibilities	The Director of Health Services	March 2007	Each new leader oriented	Financial resources
	Job descriptions not available for some positions	Provide Job description to all staff	Prepare job description for each staff		September 2006	Job description available for all staff	
			Distribute job description to each staff		September 2006		
			Provide job description for each new position		Ongoing		

COMPONENT	GAPS	ACTION	HOW	WHO IS RESPONSIBLE?	TIME FRAME/ when completed	Indication of achievement - Process Outcome or Impact	Resources needed
Staffing and Human Resources Management (87%)	HRD unit not available	To create a HRD unit	-Identify an office for HRD. - Equip the office for use (computer, tables, filing cabinets etc.) -Re-deploy 2 staff to work in the HRD unit - Develop a database on HR inventory	The Director of Health Services and the Chief of Administration, CBCHB	October 2006	HRD unit operational in October 2006	Financial Resources
Adequacy of physical infrastructure (87%)	Inadequate lodging facilities' at the RTC	To complete the Hostels (8 bedroom flat) for RTC	Complete 8 chalets by - procure material (tiling, air conditioning, painting, electrical, plumbing fittings) - refurbish (furniture) the 8 chalets	The Director of Health Services Contractor Purchasing Department	December 2006	Eight chalets refurbished and put into use	Financial Resources
	Inadequate lodging	To complete further	Complete walls, roof, finishing	The Director of Health Services	December 2007	Eight further chalets	Financial Resources

COMPONENT	GAPS	ACTION	HOW	WHO IS RESPONSIBLE?	TIME FRAME/ when completed	Indication of achievement - Process Outcome or Impact	Resources needed
	facilities' at the RTC	8 flats for the RTC	and furnishing	Contractor Purchasing Department		refurbished and put into use	
	Dilapidated roof on the conference center	Replace roof on RTC	Redesign Roof Procure Materials (timber and Roofing sheets and accessories)		March 2008		Financial Resources
Distribution, Stock and Inventory Management (70%)	Inadequate funding for maintaining drug supply	To create a revolving fund	-Open a designated bank account for purchases of drugs and medical supplies only. - CBCHB institutions will contribute a percentage of income on a monthly basis into the account	The Director of Health Services and the Accountant	October 2006	-Account opened. - Revolving fund available for drug procurement	Financial resources
Quality Control for Critical Drugs, Equipment and	Quality control department not fully functional	Complete and furnish quality control unit	Purchase building materials and furniture	The Director of Health Services the Supervisor of	December 2006	QC Unit built, furnished and equipped	

COMPONENT	GAPS	ACTION	HOW	WHO IS RESPONSIBLE?	TIME FRAME/ when completed	Indication of achievement - Process Outcome or Impact	Resources needed
Supplies (94%)		Establish a system for total quality management	Computers and accessories - Implement logistic management information system (LMIS) standards at all levels. -Conduct quarterly monitoring of drugs for quality control	Central Pharmacy Technical Services	September 2006	- logistic management standard implemented - Four quality control monitoring activities conducted per year	

MARKETING AND COMMUNICATION

GAP	ACTION	HOW	Specific Activities	WHO IS RESPONSIBLE?	TIME FRAME/ when completed	Indication of achievement outcome or impact	Resources needed
Less promotion of services by CBCHB	Build Capacity of Personnel in Service Promotion	Organize a training for 20 CBCHB staff	Select 20 staff from the practicum sites and programs for a training in marketing	Director of Health Services	15-Aug-06	20 more staff trained on marketing	
			Plan for the training	Marketing staff already trained	Mid September 2006	All logistics for training put in place.	Training material, financial resources
			Conduct a one week training on Resource Development & Marketing	The Director of CBCHB, Staff already trained	Last week of September 2006	One week training on marketing conducted	Financial & material
Marketing tools not available	Develop marketing tools	Produce a documentary of CBCHB activities	Sell idea to management and get approval	Marketing staff	28-Feb-06	Approval given	
			Contact a media house for the video recording	The Director of CBCHB,	31-Mar-06	Media house selected for the exercise	
			Prepare the institutional heads for the process	The Director of CBCHB	30-Apr-06	institutional heads informed in writing	
			Form a team to carry on the exercise	The Director of CBCHB	30-Apr-06	Team formed, duties assigned	
			Seek funding from CBCHB and AWARE HIV/AIDS for the exercise	The Director of CBCHB	31-Jul-06	Funds available for the exercise	

GAP	ACTION	HOW	Specific Activities	WHO IS RESPONSIBLE?	TIME FRAME/ when completed	Indication of achievement outcome or impact	Resources needed
			Draw up a program in collaboration with the media house concerned and the heads of institutions	The Director of CBCHB, Staff already trained	31-May-06	program drawn	
			Carry on the visits to the various institutions do the exercise	Staff Assigned	May/June 30, 2006	Visits carried out, recording done	Financial & material (means of transportation)
			Edit & produce the video	Staff Assigned & The Director of CBCHB	30-Sep-06	Final product available	Finances
Lack of brochures for institutions and services offered	Develop marketing tools	Produce a brochure for the CBCHB services, each major institution and program	Draft brochures	Staff trained in collaboration with Heads of Institutions	30-Aug-06	Brochures drafted for review	Finances
			collect and validate	Marketing staff with Heads of institutions	30-Sep-06	Brochures collected and edited	
			produce and distribute	Central Office C/o Gabe Ezekiel	15-Oct-06	2000 copies of each Brochure produced and distributed	Finances
			Translate brochures and documentary into french	ACP Office	01-Dec-06		
Little promotion of services by CBCHB	Market services in the region	Distribute the tools nationally and internationally	Contact the state media house (CRTV) for possible projection of the video on national station	PRO	01-Oct-06	Video projected on national TV station	Finances

GAP	ACTION	HOW	Specific Activities	WHO IS RESPONSIBLE?	TIME FRAME/ when completed	Indication of achievement outcome or impact	Resources needed
			Contact a private media house (STV) for possible projection of the video	PRO	01-Oct-06	Vidoe projected on Stv	Finances
			Project the video during trainings/seminars nationally & internationally and to visitors/ partners	Program staff c/o PRO	On-going	Video projected as feasible	
			Distribute the brochures to all institutions, visitors, clients, trainees, during outreach activities, etc	Program staff c/o PRO	30-Oct-06	Brochures actively distributed	
			Creat a web-site for CBCHB	Consultancy	30-Oct-06	Web-site started Web-site created	Financial / technical assistance
			Paste information on CBCHB institutions and activities on the web-site	IT Managers/ Assigned staff	15-Nov-06	All relevant information on CBCHB available on the web-site	Technical assistance
			up-date the web-site on monthly bases	IT Managers/ Assigned staff	On-going	Web-site up-dated monthly	Technical assistance
limited funding for services	Increase the number of funding Partners for CBCHB	Seek ways to raise more funds for activities	Identify areas of need	Project Development staff	15-Sep-06	Areas of need identified and prioritized	
			Prepare funding proposals	Project Development staff	On-going	Proposals prepared as necessary	
			Orient more staff on fund raising	Project Development staff	30-Oct-06	At least 20 more staff oriented on fund raising	Finances
			CBCHB staff actively fund raising	Heads of Institutions, PDS, oriented staff	On going	Increased funds available for services	

GAP	ACTION	HOW	Specific Activities	WHO IS RESPONSIBLE?	TIME FRAME/ when completed	Indication of achievement outcome or impact	Resources needed
slow implementation of action plan	Vigorously implement the marketing plan	Closely monitor the activities and produce quarterly reports	Assign a staff to coordinate the activities	The Director of CBCHB	15-Aug-06	Staff designated for marketing	
			Implement good monitoring and evaluation of the activities	The Assigned staff	15-Aug-06	implementation schedule systematically followed	logistics – transportation
			Produce and share quarterly reports with internal stakeholders	The Assigned staff	On-going	quarterly reports available	

CAPACITY DEVELOPMENT APPROACHES

COMPONENT	GAPS	ACTION	HOW	WHO IS RESPONSIBLE?	TIME FRAME/ when completed	Indication of achievement - Process Outcome or Impact	Resources needed
Coaching & mentoring (75%)	No staff with technical, coaching and mentoring capabilities	-Build staff capacity in coaching and mentoring	Identify and select 20 heads of dept for training. -Conduct one 3-days training for 20 heads of dept. In house training in C and M in 10 institutions	-CBCHB Hierarchy- -AWARE-HIV/AIDS	-Oct 2006. November 2006	-20 heads of dept. trained in C & M -Overall improved skills performance. 10 In-house trainings conducted	Funding Funding (logistics)
		Develop tools/indicator To evaluate C&M activities	-Adapt existing C & M tools	CBCHB/AWARE-HIV/AIDS.	Feb 2007	Tools in C&M developed and put into use.	
Materials and Tools. (76 %)	The organization does not have a skilled point person in charge of documentation	Build capacity in the development and utilization of capacity development tools for various programs.	-Identify a documentation person for Resource Centre -Train point person in documentation -Subscribe for quarterly health journals and periodicals	Director CBCHB	September 2006	A documentation person trained Presence of adequate publications/reviews.	

COMPONENT	GAPS	ACTION	HOW	WHO IS RESPONSIBLE?	TIME FRAME/ when completed	Indication of achievement - Process Outcome or Impact	Resources needed
			Train 10 technical staff for 5 days in development and review of capacity development tools (training modules)	Director CBCHB AWARE/HIV/AIDS	November 2006		Funding Technical Assistance
Technology for capacity development. **(60%)**	Inadequate skills in internet and trouble shooting at practicum sites Unavailability of Internet services at practicum sites	Improve ability in skills transfer using modern technology.	-Upgrade (4 sites) and expand (2 sites) internet services in 6 practicum sites -Provide one three-days training for 6 computer technicians from practicum sites in internet use and trouble shooting	CBCHB/AWARE	Sept 2007.	Improved skills in internet use and trouble shooting at each practicum site Internet services upgraded and expanded. .	Funding
Comprehensiveness of approach **(70%)**	Slow implementation of skill transfer plan	Implement the skill methodology transfer plan.	Dissemination of plan. -Provide one day Orientation/ Training for 20 leaders/key personnel.	CBCHB/AWARE	October 2006 (start) APRIL 2007	20 Key leaders trained	Funding Technical Assistance

RECOMMENDATIONS

The main recommendation of the assessment team was for AWARE to support various areas identified as priority actions in the action plan. Marketing and Capacity development Approaches (Skills transfer) were identified as areas where support would be needed.

Overall the main areas of support required are as follows:
- Support for training of staff at CBCHB in
    - mentoring and coaching
    - Marketing
    - Logistics management information systems
    - Other trainings
    - Monitoring and evaluation
- Infrastructural development
- Implementation of the marketing plan
    - Development of marketing tools, Brochures, web-sites
    - Distribution of marketing tools
    - Media events
- Support a documentation center
- Implementation of the skills transfer plan

CONCLUSION

The participants of the workshop found the Technical and Organizational Capacity Assessment exercise useful as it helped them to identify areas for improvement within the institution. This TOCAT assessment revealed various areas where further support was needed. The main areas of support would be in marketing and capacity development approaches. Some of these areas of support are feasible without external funding and can be implemented by the hospital. Others can inform the strategic direction of the Health Board. External funding can also be sought from other agencies such as AWARE to address the prioritised activities in the action plan.

Annexe 1: Consensus scores of the TOCAT components

Component	Score	Reasons	Strength	Improvement
Governance	95	-Board members are committed -Many partners and individuals do attest that the Board manages well.	General committed staff body	Need for opportunities for leadership to emerge at all levels of the structure
Strategic Planning	88	A new strategic has plan developed	A planning team that coordinates and lead the process so that the staff ownership of the organizational strategy is ensured.	There is need to involve stakeholders and the communities in formulating organizational strategy.
Strategic Monitoring	94	-The monitoring team is very visible -Monitoring reports are available on file	Corrective actions are taken based on ample information and discussion -There is now an M&E office in place since 2004	-More capacity building on monitoring. -Need to get M&E in the entire CBCHB
Operational Planning	83.3	An annual work plan is developed and through an organized process.	-The annual work plan reflects priorities outlined in a long-term strategic plan.	-Need to precisely project timeline of completion of activities during planning
Structure: Roles and responsibilities	96	Job description exist for all key positions	The organization structure effectively, and efficiently assigns responsibility for the implementation of the current work plan.	Need training for those assigned to fill new positions or responsibility
Structure: Delegation of authority and Decision Making	96	-Authority is delegated at all levels of management.	-Decisions are made at all levels where the action is.	
Staffing and Human Resource Management	76	-There is no Unit for Human resource development (HRD) activities Number of staff has increased from 1200 to 1600 without commensurate HRD to meet new HR needs.	-The organization is adequately staffed.	-Need a HRD unit. an adequate system for subcontracting services
Regional Presence/Geographic Coverage	83	The organization has an effective plan to ensure a wider regional presence.	-Commitment to cover the whole of West Africa	Road network is bad that not all the geographical areas can be covered. Need a four wheel drive vehicle.

Partnering and networking	95	Good partnering for the past decade.	-Has earned good reputation from the international communities for the best practices.	-Need modern equipment for communication
Adequacy of physical Infrastructure	87.5	Some of the structures/equipment have deteriorated.	-Services well delivered though in inadequately spaced rooms.	-Need to upgrade structures and equipment
Financial Planning and Budgeting	93	The budgeting process has significantly improved in the last two years	-Budgets are prepared in accordance with the strategic plans.	-More capacity building to meet partners and international standards
Cash and Banking	95	We have learnt a lesson from AWARE on proper authorizing spending, approving receipts etc. to improve ranking in the near future:	- There is enhancement in timely implementation of planned activities	-Further capacity building required
Accounting and record Keeping	95	The level of accountability has greatly improved.	-Additional Accountants were hired to enhance efficiency.	-Need more software programs and training on its use.
Procurement	94	Best value for money is achieved.	-Selection is based on quality and price.	-Improve on quality control
Distribution, Stock and Inventory Management	70	The system has a storage point and uses available transportation as efficient as possible and reduces theft and fraud.	-CBCHB operates an effective Central Pharmacy.	-Need for a revolving fund for drugs to maintain drugs stock and avoid stock. outs
Quality Control for Critical Drugs, Equipment and supplies	94	Qualified personnel but inadequate equipment.	-Quality control of drugs.	-Equipment for quality control of drugs.
Data Collection System	94	Good equipment and software that enhances good data collection.	-Systems for collecting and reporting routine data exist and are effective.	-Require modern software and capacity building of staff.
Use of Data and Culture of Information	96	Data are shared easily	-Consistent collection and use of data	Building capacity of staff.
Stakeholder Communications and Reporting Number, Mix (blend) and Capacity of Technical Staff	95	General improvement and intensification of trainings as well as skills transfer	Facilitative Supervision training and implementation has contributed greatly to the present situation	-Inadequate Internet services -Maintenance of existing internet services

Technical Quality Standards	85	- Technical Quality Standards are generally high.	Procedural Standards are documented	-Services are not found in all CBC HB sites -Standards are not periodically and routinely updated
Technical Supervision	84.5	- Staff generally benefit from internal training programs. Even though our consensus group ranking was 90% in 2004 , it does mean that in the quality of technical supervision has dropped	Good motivation strategies for technical personnel such as training opportunities are available -Technical supervision is based on approved standards	-. More staff required to meet increasing number of clients in our services
Internal Training and Mentoring	90	-There have been marked improvement due to the several trainings carried out such as – FS, COPE, IP for TOT -The TOT went ahead with the replication of the training and skills transfer	- Available training opportunities - Constant trainings and follow-up trainings in all technical services	Continuous refresher courses to update skills
Client Communication and Feedback	95	-COPE TOT and client interview -Services are more client oriented/focused in order to meet their needs	-The CBC HB offers Client centered services -CBC HB staff are devoted and duty conscious	-. Involve clients in assessing and determining services in a formal way and in a regular manner
Community Involvement	90	Standards are maintained, areas for improvement are identified and addressed adequately	-Our services are sensitive to community needs-observed, felt, and expressed needs -Outreach activities ensure community participation -Outreach for education and sensitization is effective and is routinely carried out	-. Involve communities more in planning and programming of our activities e.g. in identifying specific cultural practices, risk behaviors and traditions that expose people to HIV/AIDS
Service Delivery Organization	95	More steps have been taken to improve on existing services as compared to the past	-Our services are outstanding as compared to other service delivery organizations in the country at all levels – district, province and national	-In order to sustain and maintain these best practices, staff need to be constantly trained. -New staff recruited

			-Clients have full confidence and trust in the services that we offer	need to be trained and educated on existing procedures and practices in our services
Quality Assurance	91	Trainings and tools are put in place to improve quality of services rendered, such as COPE	-. Staff at all levels are adequately trained in their respective fields	-. Follow-up measures to be established in order to maintain quality assurance
Technical Program Planning (Programming) and M&E	95	-Staff trained and assigned specifically for M&E -Good M&E system in place according to AWARE standards and formats	-Clear indicators for M&E -Ability to use data collected	-Need for community involvement in planning -Need for M&E to work closely with the communities -Logistics are needed to facilitate M&E activities (Difficulties in collecting data from all sites on time due to poor roads and long distances)
Technical Networking	95	-CBCHB enjoys good partnership with national and international organizations -Regular attendance and participation in technical meetings, seminars, symposia, conferences -CBC HB is registered in many networks such as EHIAA, PAFAC, etc.	-. Our staff are bilingual (able to express themselves comfortably in French and English) which are internationally recognized	-Staff need to improve their proficiency in French in order to work more efficiently with French speaking partners and clients
Market Awareness & Strategy	80	Performance is good but requires proper follow-up and evaluation	Well developed action plans Good leadership Clear vision	Good M&E system/follow-up and focus on the action plan
Marketing Modes / Channels	78	Goals are being systematically achieved	We offer good services and our clients and partners do the promotion	Need to promote our services nationally and regionally
External Image & Promotion	70	Doing well but lack promotional material. Less focus on self promotion	Partners do a lot of promotion for us External Image promoted by the success in the fight against HIV/AIDS	Need to build capacity of more staff in marketing Need for continuous services improvement to sustain the good image
Resource Development Proposal Management	75	New Department set up for this purpose and staff designated.	Staff trained and assigned, good external editing team, internet services available	Encourage all staff to seek more ways of raising funds e.g.

		Good proposals but limited funding	for surfing	using the internet or otherwise.
Pricing Policy	78	There is a pricing policy and prices are affordable	Our mission considers the poor There is good financial management and reporting	A lot is being done but not documented There is need for improvement in cost recovery for services offered
Marketing Implementation	70	Formal Marketing is very new to CBCHB Implementation has started but is still slow	Staff trained Marketing plan in place	Vigorously implement the activities in the marketing plan Orient more staff in marketing and follow-up
Core Skills in Presentation & Representation	85	A good number of staff are effective in making presentations and are flexible	As a training institution, staff have acquired much skills and there is a lot of on-the job training.	There is need to build capacity of more staff with the increase in demand for services Need to orient more staff on internet use.
Coaching and Mentoring	75	Most components are partially satisfied	Existence of journals and downloaded materials	No skilled point person in charge of documentation
Materials and Tools	76	Most of the components are partially satisfied	Existence of journals and down loaded materials	Existence of resource centre and a better equipped training center
Technology for Capacity Development	60	Some training for a few selected people	Modern technology compliant	Need for training in computer usage
Comprehensiveness of Approach	70	No established tools to monitor and evaluate the comprehensiveness of approach component		Need to implement skill transfer plan
Consulting Services Quality	80	There is room for improvement. There should be uniformity in our institutions	Skills transfer and thorough diagnostic of the technical area	Communicating strengths and weaknesses to clients. Develop tools and evaluate the consulting services quality component
External training quality	80	Upward trend in the quality of our services Client satisfaction	Request for more training Facilitators are better trainers Improved supervision and evaluation	Develop tools for evaluation Good scanning of the environment
Training and TA Planning	86	Overall satisfaction as regards training and TA planning	Existence of experts capable of providing TA Transfer of skills	Successful completion of training programs Requests for TA by trainees

Annex 2 : Summary Profile of the Technical Leadership Institution

A. Technical Capacity	2006	2006	2004
1. Number, Mix and Capacity Of Technical Staff	(1)(2)(3)(**4**)	85%	65%
2. Technical Quality Standards	(1)(2)(3)(**4**)	84.5%	90%
3. Technical Supervision	(1)(2)(3)(**4**)	87%	90%
4. Internal Training and Mentoring	(1)(2)(3)(**4**)	90%	90%
5. Client Communications and Feedback	(1)(2)(3)(**4**)	95%	90%
6. Community Involvement	(1)(2)(3)(**4**)	90%	90%
7. Service Delivery Organization	(1)(2)(3)(**4**)	95%	90%
8. Quality Assurance	(1)(2)(3)(**4**)	91%	90%
9. Technical Program Planning and M&E	(1)(2)(3)(**4**)	95%	90%
10. Technical Networking	(1)(2)(3)(**4**)	95%	90%
Average score			
B. Organizational Capacity			
General Management			
11. Governance	(1)(2)(3)(**4**)	95%	90%
12. Strategic Planning	(1)(2)(3)(**4**)	88%	65%
13. Strategic Monitoring	(1)(2)(3)(**4**)	94%	65%
14. Operational Planning	(1)(2)(3)(**4**)	83.3%	90%
15. Structure: Roles and Responsibilities	(1)(2)(3)(**4**)	96%	90%
16. Structure: Delegation of Authority and Decision-Making	(1)(2)(3)(**4**)	96%	90%
17. Staffing and Human Resource Management	(1)(2)(3)(**4**)	76%	90%
18. Regional Presence / Geographical Coverage	(1)(2)(3)(**4**)	83%	90%
19. Partnering and Networking	(1)(2)(3)(**4**)	95%	90%
20. Adequacy of Physical Infrastructure	(1)(2)(3)(**4**)	87.5	90%
Finance			
21. Financial Planning and Budgeting	(1)(2)(3)(**4**)	93%	90%
22. Cash and Banking	(1)(2)(3)(**4**)	95%	90%
23. Accounting and Record Keeping	(1)(2)(3)(**4**)	95%	90%
Logistics			
24. Procurement	(1)(2)(3)(**4**)	94%	90%
25. Distribution, Stock and Inventory Management	(1)(2)(**3**)(4)	70%	90%
26. Quality Control for Critical Drugs, Equipment and Supplies	(1)(2)(3)(**4**)	94%	90%
Information			
27. Data Collection System	(1)(2)(3)(**4**)	94%	90%
28. Data Use and Culture of Information	(1)(2)(3)(**4**)	96%	90%
29. Stakeholder Communications and Reporting	(1)(2)(3)(**4**)	95%	90%
Average score			
C. Marketing			
31. Market Awareness and Strategy	(1)(2)(3)(**4**)	80%	65%
32. Marketing Modes/Channels	(1)(2)(**3**)(4)	78%	38%
33. External Image and Promotion	(1)(2)(**3**)(4)	70%	65%
34. Resource Development /Proposal Management	(1)(2)(**3**)(4)	75%	38%

35. Pricing Policy	(1)(2)(**3**)(4)	78%%	38%
36. Marketing Implementation	(1)(2)(**3**)(4)	70%	12%
37. Core Skills In Presentation and Representation	(1)(2)(**3**)(4)	65%	85%
Average score			
D. Skills Transfer Approaches			
38. Consulting Services Quality	(1)(2)(3)(**4**)	80%	NR
39. External Training Quality	(1)(2)(3)(**4**)	80%	90%
40. Training and Technical Assistance Planning	(1)(2)(3)(**4**)	86%	38%
41. Coaching and Mentoring	(1)(2)(**3**)(4)	75%	90%
42. Materials and Tools	(1)(2)(**3**)(4)	76%	38%
43. Technology for Capacity Development	(1)(2)(**3**)(4)	60%	38%
44. Comprehensiveness of Approach	(1)(2)(**3**)(4)	70%	65%
Average score			

The ranking in column three is according to the following criteria and has the following implications:
Beginning steps (0-25%)
Showing results (26-50%)
Systematically achieving (51-79%)
Model system (80-100%)

Annexe 3: Assessment teams

NO.	NAME	OCCUPATION	Station
	GROUP 1		
1.	Nana Philippa	Nurse / screener	Nken Baptist
2.	Dorcas Waindim	M and E Officer	DHS Office Bamenda
3.	Forgive Gideon	CIACP Supervisor	HSC Mutengene
4.	Ndzebyuiy Rose	Administrator	Banso Baptist Hospital
	GROUP 2		
5.	Monju Johnson Vistu	Accountant	DHS Office Bamenda
6.	Yuh Jerome	Architect	Technical Service, Bamenda
7.	Nji Richard	Chef Administrator	DHS Office
8.	Vuwe Grace	SNS	Mutengene
	GROUP 3		
9.	Ngam Joseph	Administrator	Mbingo Baptist Hospital
10.	Eveline Mboh	Project Coordinator	HSC Mutengene
11.	Ezekile Benuh	Coordinator CBC Services for People with Disabilities	Baptist Center Bamenda
	GROUP 4		
12.	Dr. Fokoum Gad	Physician/ RH Supervisor	Mutengene Baptist Hospital
13.	Ngah Lydia	PMTCT Trainer	Yaonde
14.	Ngo Benedicta	Nurse Screener/ PMTCT	Mboupi Douala
15.	Chambah Abraham	Builder, Gen Coordinator Tech Services	Bamenda